

**Fill in this information to identify the case:**

Debtor name **Restland Memorial Parks, Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF PENNSYLVANIA**

Case number (if known) **18-24151**

☒ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
<b>2.1</b>	<b>BFS Capital</b> <small>Creditor's Name</small>  <b>3301 N. University Dr. #300</b> <b>Coral Springs, FL 33065</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>6441</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Small loan, lien on receivables</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$87,000.00</b>	<b>\$0.00</b>

<b>2.2</b>	<b>Bravo Capital</b> <small>Creditor's Name</small> <b>3415 Graystone Drive,</b> <b>Suite 210</b> <b>Austin, TX 78731</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>1238</b> <b>Do multiple creditors have an interest in the same property?</b>	Describe debtor's property that is subject to a lien <b>Equipment lease</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	<b>\$7,000.00</b>	<b>\$0.00</b>
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Debtor **Restland Memorial Parks, Inc.**

Case number (if know) **18-24151**

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☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☒ Disputed

2.3

**Canon Financial Services, Inc.**

Creditor's Name

**158 Gaither Drive, Suite 200  
Mount Laurel, NJ 08054**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number  
2576**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**\$12,066.04**

**\$0.00**

**Describe the lien**

**Judgment Lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.4

**Cool Spring Granite Company**

Creditor's Name

**17482 Granite West Road  
Cold Spring, MN 56320**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number  
2294**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**\$4,496.20**

**\$0.00**

**Describe the lien**

**Judgment Lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.5

**EIN Cap**

Creditor's Name

**160 Pearl St.,5th Floor  
New York, NY 10005**

Creditor's mailing address

**Describe debtor's property that is subject to a lien**

**\$14,693.00**

**\$0.00**

**Small loan, lien on receivables**

**Describe the lien**

Debtor **Restland Memorial Parks, Inc.** Case number (if know) **18-24151**

Name

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent  
☐ Unliquidated  
☒ Disputed

2.6

**First Commonwealth Bank of PA**

Creditor's Name

**P.O. Box 537  
Indiana, PA 15701**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number  
**6109**

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$197,000.00**

**\$0.00**

Describe the lien

**Mortgage on Both Parcels**

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.7

**Forward Financing**

Creditor's Name

**100 Summer Street, Suite  
1175  
Boston, MA 02110**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$7,919.27**

**\$0.00**

**Small loan, UCC Lien**

Describe the lien

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent  
☐ Unliquidated  
☒ Disputed

Debtor **Restland Memorial Parks, Inc.** Case number (if known) **18-24151**  
Name

<b>2.8 Fred Vennie</b> Creditor's Name <b>129 Jeanette Drive</b> <b>Verona, PA 15147</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>2881</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <span style="float: right;"><b>\$790.89</b> <b>\$0.00</b></span> <hr/> <b>Describe the lien</b> <b>Judgment Lien</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
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<b>2.9 Wide Merchant Group</b> Creditor's Name <b>350 Willshire Blvd., Unit 160</b> <b>Los Angeles, CA 90010</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>0820</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <span style="float: right;"><b>\$15,000.00</b> <b>\$0.00</b></span> <b>Small loan, lien on receivables</b> <hr/> <b>Describe the lien</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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<b>2.1 0 William J. &amp; Barbara Howard</b> Creditor's Name <b>255 Marr Rd.</b> <b>Freedom, PA 15042</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>06-28-18</b> <b>Last 4 digits of account number</b>	<b>Describe debtor's property that is subject to a lien</b> <span style="float: right;"><b>\$153,554.64</b> <b>\$1,200,000.00</b></span> <b>990 Patton Street Ext.</b> <b>2026 Lincoln Rd.</b> <hr/> <b>Describe the lien</b> <b>Judgment Lien GD-18-008361</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)
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Debtor **Restland Memorial Parks, Inc.**

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Name

**8361**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$499,520.04**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Huntington Bank  
P.O. Box 182519  
Columbus, OH 43218

Line 2.3

Joseph S. Koval, Esquire  
The Law Office of Joseph S.Koval, Esqir  
160 Pearl St., Fl. 5  
New York, NY 10005

Line 2.5

Stuart C. Gaul, Jr., Esquire  
Goldblum Sablowsky, LLC  
The Waterfront  
285 East Waterfront Drive, Suite 160  
Homestead, PA 15120

Line 2.10

Fill in this information to identify the case:

Debtor name **Restland Memorial Parks, Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF PENNSYLVANIA**

Case number (if known) **18-24151**

☒ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Allegheny County Real Estate Tax c/o John Weinstein, Allegheny County Tre P.O. Box 643385 Pittsburgh, PA 15264</b> Date or dates debt was incurred <b>2012</b> Last 4 digits of account number <b>3076</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Tax Lien</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$436.42</b> <b>\$0.00</b>
2.2	Priority creditor's name and mailing address <b>Allegheny County Treasurer Courthouse Room 108 436 Grant Street Pittsburgh, PA 15219</b> Date or dates debt was incurred  Last 4 digits of account number <b>0346</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Property Taxes</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$773.30</b> <b>\$0.00</b>

Debtor	<b>Restland Memorial Parks, Inc.</b> <small>Name</small>	Case number (if known)	<b>18-24151</b>
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2.3	Priority creditor's name and mailing address <b>Commonwealth of PA Department of Revenue Bureau of Compliance Department 280432 Harrisburg, PA 17128-0432</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Income Tax</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.4	Priority creditor's name and mailing address <b>Department of the Treasury Internal Revenue Service Philadelphia, PA 19255</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$16,000.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number <b>P521</b>	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.5	Priority creditor's name and mailing address <b>Department of the Treasury Internal Revenue Service Philadelphia, PA 19255</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$9,046.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred <b>2017</b>	Basis for the claim: <b>Corporation tax</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.6	Priority creditor's name and mailing address <b>Gateway School District District Administrative Offices Delinquent Real Estate Tax Dept. Monroeville, PA 15146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,594.43</b>	<b>\$0.00</b>
	Date or dates debt was incurred <b>2017</b>	Basis for the claim: <b>School District Tax Lien</b>		
	Last 4 digits of account number <b>1985</b>	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Restland Memorial Parks, Inc.</b> Name	Case number (if known)	<b>18-24151</b>
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2.7	Priority creditor's name and mailing address <b>Gateway School District District Administrative Offices Delinquent Real Estate Tax Dept. Monroeville, PA 15146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,898.96</b> <b>\$0.00</b>
	Date or dates debt was incurred <b>2015</b>	Basis for the claim: <b>School District Tax Lien</b>	
	Last 4 digits of account number <b>0337</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.8	Priority creditor's name and mailing address <b>Gateway School District District Administrative Offices Delinquent Real Estate Tax Dept. Monroeville, PA 15146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,594.43</b> <b>\$0.00</b>
	Date or dates debt was incurred <b>2015</b>	Basis for the claim: <b>School District Tax Lien</b>	
	Last 4 digits of account number <b>0358</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.9	Priority creditor's name and mailing address <b>Patrick J. Fulkerson, Tax Collector 2700 Monroeville Blvd. Monroeville, PA 15146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10,000.00</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address <b>Battle and Onofrey 5301 Grove Rd., #M119 Pittsburgh, PA 15236</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,000.00</b>
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <b>CPA Accountant</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

3.2	Nonpriority creditor's name and mailing address <b>Century Granite Company Inc. P.O. Box 370 Elberton, GA 30635</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$21,001.76</b>
	Date(s) debt was incurred <b>2012</b> Last 4 digits of account number <b>4766</b>	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	<b>Restland Memorial Parks, Inc.</b> Name	Case number (if known)	<b>18-24151</b>
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3.3	<b>Nonpriority creditor's name and mailing address</b> <b>David J. Eckle, Esquire</b> <b>244 Center Rd., Suite 202</b> <b>Monroeville, PA 15146</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,204.91</b>
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3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Everlasting Granite Memorial Company Inc</b> <b>P.O. Box 536626</b> <b>Pittsburgh, PA 15253</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>3228</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Contract</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43,576.62</b>
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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Liberty Mutual</b> <b>P.O. Box 2051</b> <b>Keene, NH 03431</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Insurance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,630.94</b>
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Maillo Brungo &amp; Maiello, LP</b> <b>One Churchill Park</b> <b>3301 McCrady Raod</b> <b>Pittsburgh, PA 15235</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>5730</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Attorney fees</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,125.00</b>
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3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Monroeville Borough</b> <b>2700 Monroeville Blvd., 1st Fl.</b> <b>Monroeville, PA 15146</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>6248</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$319.95</b>
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Monroeville Borough</b> <b>2700 Monroeville Blvd., 1st Fl.</b> <b>Monroeville, PA 15146</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>1911</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$319.95</b>
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3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Phoenix Bronze Resources</b> <b>100 Steel St.</b> <b>Aliquippa, PA 15001</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>K412</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Bronze memorials</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,000.00</b>
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Debtor **Restland Memorial Parks, Inc.**  
Name

Case number (if known) **18-24151**

3.10 Nonpriority creditor's name and mailing address

**PNC Bank**  
**2730 Liberty Ave.**  
**Pittsburgh, PA 15222**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: **Line of credit from 2016**

Is the claim subject to offset? ☒ No ☐ Yes

**\$100,000.00**

3.11 Nonpriority creditor's name and mailing address

**PNC Bank N.A.**  
**249 Fifth Avenue**  
**Pittsburgh, PA 15222**

Date(s) debt was incurred **2011**

Last 4 digits of account number **3305**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$112,390.39**

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>David J. Eckle, Esquire</b> <b>244 Center Rd., Suite 202</b> <b>Monroeville, PA 15146</b>	Line <b>2.2</b>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Michael R. Lessa, Esquire</b> <b>Amato Keating and Lessa, P.C.</b> <b>1207 North Commerce Way</b> <b>Bethlehem, PA 18017</b>	Line <b>3.4</b>  <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>42,343.54</b>
5b. +	\$ <b>336,569.52</b>
5c.	\$ <b>378,913.06</b>